

APPLICATION FOR CERTIFIED COPY OF A BIRTH RECORD
(PLEASE REVIEW THE INSTRUCTIONS ON BACK BEFORE COMPLETING)

Birth Certificate Information:

Number of Copies Requested: _____

Name: _____
First Middle Last

Date of Birth: _____ City of Birth: _____

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last

Applicant Information:

Name: _____
First Middle Last

Address: _____
Number & Street City State Zip Code

Mailing Address: _____
If different than above: Number & Street City State Zip Code

Telephone Number: (____) _____

Pursuant to Health & Safety Code 103526, the below listed are entitled to obtain an Unrestricted Certified Copy:

I am:

- ☐ The registrant or a parent or legal guardian of the registrant
- ☐ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- ☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business

I, _____ swear under penalty of perjury that I am an authorized person, as defined in
Printed Name
California Health & Safety Codes, and am eligible to receive a certified copy of the birth record identified on this application form.

Sworn this _____ day of _____, _____, at _____

Signature: _____

Official Use Only: Reel/Image _____ Certificate# _____ Date _____ Deputy _____

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "Informational, not a valid document to establish indentity" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF INDENTITY

INSTRUCTIONS:

1. If you are requesting a certified "Informational" copy, complete only the Applicant Information and Birth Certificate Information portions of this form. If you are requesting an "Authorized" certified copy, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of the Recorder's Office staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public.
Please Note: Only one notarized sworn statement is required for the multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.
3. Use a separate application form for each different record of birth for which you are requesting an "Authorized" certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under Birth Certificate Information. If the information you furnish is incomplete or inaccurate. It may be impossible to locate the record. If the registrant has been adopted, please make the request in the adopted name.
5. **Submit \$15.00 for each certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order made payable to the Marin County Recorder. Mail this application with the fee(s) to the Marin County Recorder, P.O. Box C, San Rafael, CA 94913.**

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

_____ in a claim for _____
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.